

## **Consent to Explore American Indian Heritage (DSS 5335) Instructions**

North Carolina General Statute § 143B-139.5A was enacted to support collaboration between the following North Carolina agencies: the Division of Social Services, the NC Association of County Directors of Social Services and the Commission of Indian Affairs.

If a county department of social services (DSS) finds that the child(ren) has/have tribal heritage, the social worker should make active efforts *throughout the life of the case* to create and maintain a relationship with the tribe. **Placement decision-making authority remains with the county department and the court system.** This relationship building should include but not be limited to notifying the tribe when the following critical points occur in a case:

- ❖ Within 7 days of case decision, only for Substantiated or cases found to be In Need of Services.
- ❖ *If possible*, before the child is removed from his/her parents physical custody
- ❖ If the child must change placements
- ❖ Before a termination petition is filed

### **Section A**

1. This form will only be used when the case decision is Substantiated or In Need of Services.
2. This form should be used with biological parents as well as other legal guardians. Complete a separate form for each legal parent or guardian.
3. If the parent believes their child may have heritage in an Indian tribe, make a copy of Section A and attach it to Section B before sending to the tribe.

### **Section B**

1. The social worker should fill out Part 1. The tribe should fill out Part 2.
2. If (1) is checked inform the family of the tribe's response and file the form.
3. If (2) is checked inform the family that the tribe is still researching potential membership. Contact the tribe within 15 days.
4. If (3b) is checked and the tribe provides a representative name, the social worker should contact the tribal representative within 5 working days.
5. If (3c) is checked the social worker should attempt to contact all individuals listed within 10 working days to inquire about their desired level of involvement.  
**Exception: potential placements should be explored immediately.**

**Consent to Explore American Indian Heritage**

**Section A**

[County Name]  
Department of Social Services  
[Office Address, phone, fax]

Case name and number: \_\_\_\_\_  
Social worker's name and phone: \_\_\_\_\_

Name(s) of Child(ren)	D.O.B.	Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

North Carolina G.S. §143B-139.5A was enacted to support collaboration between the following North Carolina agencies; the Division of Social Services, the NC Association of County Directors of Social Services and the Commission of Indian Affairs.

The above listed child(ren) has/have come to the attention of [County] Department of Social Services (DSS). DSS is interested in gathering information for the purpose of creating a unique case plan for you and your child(ren). We are requesting information about your family's potential tribal heritage. To determine if your child(ren) may have American Indian heritage, please mark each box below that applies:

- I am a member of a tribe or I have American Indian heritage.  
Name of tribe(s): \_\_\_\_\_  
Name of band (if applicable): \_\_\_\_\_
- My parents, grandparents, or great grandparents are or were members of tribe.  
Name of tribe(s): \_\_\_\_\_  
Name of band (if applicable): \_\_\_\_\_
- My child(ren)'s home is in a predominantly Indian community.
- My child(ren) or my family has/have received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).
- My child(ren) may have American Indian ancestry.
- Other reason(s) I believe my child(ren) may have Indian heritage: \_\_\_\_\_

Parent, by initialing or marking below I agree for DSS to share the following information from my child(ren)'s case record with the tribe:

\_\_\_\_\_ Names and identifying information, including family history and composition

\_\_\_\_\_Special needs of the child(ren) and family (cultural, physical, emotional, psychological)

\_\_\_\_\_Legal issues (i.e.: court involvement, legal status of the case)

\_\_\_\_\_Family history as it pertains to finding family members

Tribal participation in the case may vary depending on the local resources. However, the tribe may be able to assist your family by locating Indian foster and/or adoptive homes, locating visiting resources and/or other supportive connections, and advocating for the child(ren) in court and other important meetings.

Please sign below to indicate that, if eligible for tribal membership, you consent for DSS to invite the tribe to all family meetings, court hearings, and any other proceedings involving your child(ren).

I understand that if I am a member of a federally recognized tribe and my child is in foster care [county] DSS is required to disclose information without written consent, according to the Indian Child Welfare Act.

\_\_\_\_\_  
Parent's signature and date

\_\_\_\_\_  
Parent's address/phone/email:

**Section B**

*This document may be used by the tribe to communicate via mail or fax with the local DSS office. You may also choose to initiate contact by calling the social worker directly. The social worker has provided his/her contact information in Part 1 below for you to use in communicating with the agency.*

Part 1:

Social Worker: \_\_\_\_\_ Address: \_\_\_\_\_ Phone/Fax/Email: \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

Part 2:

The above named child(ren) has/have come to the attention of [County] Department of Social Services (DSS) Child Protective Services. DSS has been informed that this child may have American Indian heritage and may be eligible for membership in your tribe. The child(ren)'s family has consented to communication between DSS and your tribe. **We hope that this form will be used as a first step in an ongoing relationship between our agency and your tribe.**

[County] Department of Social Services respectfully asks that you please check one or more of the boxes below and return this form via fax or mail or contact the social worker by phone or email within 15 business days, by [\_\_\_\_(date)\_\_\_\_]. If the child(ren) is/are eligible, we look forward to working with you in the best interest of the child(ren).

(1) Based on the information available to us at this time we have determined that the child(ren) is/are not eligible for membership in the [\_\_\_\_\_(name of tribe)]. **Please stop here and return form to the social worker.**

(2) We are still in the process of researching potential tribal membership for the child(ren). Please allow us a maximum of 15 additional days, until [date] to research this family. **DSS recommends that if you have circled this option you should call the social worker directly to inform him/her of your continued efforts.**

(3) The child(ren) is/are eligible for [\_\_(name of tribe)\_\_\_] membership; and we would like to provide you with the following information:

The tribe has enrolled the child(ren). The enrollment number(s) is/are: \_\_\_\_\_.

The tribe has assigned/will assign a representative to be an advocate in the child(ren)'s case. His/Her contact information is \_\_\_\_\_ OR this information is forthcoming.

The tribe has located the following relatives or individuals, who would like to be considered for involvement with the child(ren), either for placement, visitation, or

other types of communication: (use additional sheets if necessary). **If you have a potential foster care placement you would like DSS to consider, please call the social worker with this information.**

Name/relation:  
Contact information:

Name/relation:  
Contact information:

Name/relation:  
Contact information:

- The tribe wishes to be invited to all court proceedings, Child and Family Team meetings, and any other meetings involving the child(ren). The family has consented to this level of involvement.
- Please use this space to list any additional services the tribe may provide to the child(ren) or any additional information the tribe wishes to share with DSS:  
\_\_\_\_\_
- (4) We have determined that the child(ren) does/do have [tribe] ancestry, but we are unable to provide any services to the family at this time due to \_\_\_\_\_. If this changes someone from the tribe will contact the social worker directly.
- (5) We are unable to make a determination based on the information provided. If DSS obtains more information about the child(ren) and/or family please contact us again.

*Please fill out the following information before returning this form:*

Tribe's name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/fax/email: \_\_\_\_\_

Preferred method of communication (check one):  phone  fax  mail  email

Additional information: \_\_\_\_\_

Signature and date: \_\_\_\_\_